

UTAH DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS AND STATISTICS  
APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

**INFORMATION**

Certificates for births that occurred in Utah since 1905 are on file in this office. Persons who were born in Utah and have no birth certificate on file may make application to file a Delayed Registration of Birth. Application forms for Delayed Registration of Birth must be obtained from this office. It is a violation of Utah State law for any person to obtain, possess, use, sell, or furnish for any purpose of deception, a birth certificate or certified copy thereof.

**INSTRUCTIONS**

1. An application must be completed for each birth requested.
2. There is a fee of \$15.00 for each search of our files. Additional certified copies of this record ordered at the same time are \$8.00 each.
3. Send the completed application and required fee to Office of Vital Records and Statistics, 288 North 1460 West, P O Box 141012, Salt Lake City, Utah 84114-1012.
4. If the applicant does not respond to a written request from Vital Records within 90 days, Vital Records may retain all monies paid.

**IDENTIFYING INFORMATION**

FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH (City) \_\_\_\_\_ (County) \_\_\_\_\_ (Hospital) \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

BIRTHPLACE OF FATHER \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

BIRTHPLACE OF MOTHER \_\_\_\_\_

**APPLICANT**

RELATIONSHIP: **I am:** (Please circle one) Self    Mother    Father    Sibling    Spouse    Child    Grandparent    Grandchild  
Other (Specify) \_\_\_\_\_

If other, reason for requesting certificate: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Your Address \_\_\_\_\_  
(City, State & Zip)

**NUMBER OF CERTIFIED COPIES REQUESTED**

_____ Regular Certificate <b>OR</b> _____ Birth Card	\$ 15.00	+
_____ Additional Certified Copies (\$8.00 each)	\$ _____	+
_____ Additional Birth Cards (\$8.00 each)	\$ _____	+
<b>TOTAL FEE</b>	\$ _____	

(If this order is to be mailed, please **PRINT** the name and mailing address below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For OFFICE USE only** (do not write below this line.)

**PAID:** CHECK    CASH    MONEY ORDER

**Certified Paper**

**Request #** \_\_\_\_\_

UDOH-BVR-11 Revised 3/99

**Clerks Initials** \_\_\_\_\_

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**FEE SCHEDULE**

Fees Effective  
July 1, 1993

Search and issuance of certified copy of certificate  
of **birth** or certificate of search 1905 - present:

Five years centered on requested year: . . . . .	\$15.00
Each additional five-years: . . . . .	\$15.00
Search of entire file: . . . . .	\$50.00

Search and issuance of certified copy of certificates of <b>death, fetal death, acknowledgment of paternity,</b> or certificate of search 1905 - present: . . . . .	\$ 9.00
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Certification of <b>divorce (1978-1997) or marriage (1978-1998)</b> (abstract of information only) . . . . .	\$ 9.00
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<b>Amendments</b> to correct information after one year of event or court order changes to vital records (includes one certified copy) . . . . .	\$20.00
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Registration and/or preparation and certified copy of <b>delayed birth certificate, a new birth certificate</b> after adoption, legitimation, or adjudication of paternity (includes one certified copy): . . . . .	\$ 40.00
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<b>Duplicate copies</b> requested with initial search: . . . . .	\$ 8.00
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<b>Expedite fee</b> for same day service . . . . . (Mail and credit card phone orders only)	\$ 10.00
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SPECIAL HANDLING FEES (in addition to the fees listed above)

<b>Credit card orders</b> (phone only: 801-538-6380) . . . . .	\$ 5.00
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Express Mail or Federal Express handling . . . . . (according to the type of service requested) . . . . .	Current Fee
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